



City of Johnson City
Public Works - Solid Waste Division

SOLID WASTE COLLECTION DECAL

Name: _____

Customer Business Name: _____

Service Address: _____

Mailing Address: _____

Date: _____ Phone#: _____

The annual charge for additional cart is **\$30.00**, renewed in January every year. Decals purchased after January will be pro-rated—please see schedule below.

a. Number of Decals Requested _____
b. Applicable month's charge _____
Total (multiply a*b) _____

For assistance call (423) 975-2792.

Check or money order should be payable to: **The City of Johnson City**

Mail to: The City of Johnson City, Solid Waste Division, P.O. Box 2150, Johnson City, TN 37605

Pro-rated amount will be charged the following month after decal purchase Decal Pro-Rated Schedule

MONTH	DECAL
JAN	30.00
FEB	27.50
MAR	25.00
APR	22.50
MAY	20.00
JUN	17.50
JUL	15.00
AUG	12.50
SEP	10.00
OCT	7.50
NOV	5.00
DEC	2.50

For Office use only:

Date Received _____ Rec by _____

Decal No. _____

Receipt No. _____